

## Therapy TAC Agenda

March 9, 2021

8:30 meeting on zoom

### Review and approval of January Minutes

#### Old business:

1. Issues with payment related to ADH centers (Mariposa, etc) -- proposal letter sent from Jim Hisle regarding HH during pandemic -- thoughts from the cabinet on this group as they received almost no service since shut down. Still have not received a response - was a response sent?
2. Code requests to be added to PT and OT fee schedule --any update on 2021 fee schedule?
3. Issues with United Health care: Main concerns: 1. How often drs have to sign script and POC- We are having issues with Drs offices being swamped and not wanting to sign POCs in a timely manner. 2. I am really concerned if they state a child will not get OT, PT, ST services if they get services in a school setting. We all know that school and medical therapy setting is different. IN meetings with United, they stated they were going to follow KY medicaid policy, but the KY website for United had different requirements in December.
4. Cotivity -- TPA for Wellcare and ? : initially removing 59 modifier and refusing to pay for billed codes. Wellcare now allowing the bundle but requiring medical records each time it is billed. (see attached list). Administrative burden here is huge and is impacting ability to appropriately care for the children of KY. Any update on this process?

#### New Business:

1. Was the 2020 fee schedule reduced? Specifically, 97530 (1 unit) = \$24 = \$96 That's what we were getting in 2020. Currently, the fee schedule shows: 97530 = \$23.62 = \$94.48
2. Wellcare's use of Interqual for UM is severely impacting Speech Therapy Prior Authorizations. 90 day auth periods have been the standard. All ST PAs we're receiving are for 30 days MAX. Are Interqual criteria being misinterpreted? That timeline may be appropriate for acute care - we are providing pediatric, habilitative services and 30 days is clinically inappropriate and burdensome to providers.
3. Aetna Better health - OT and ST providers bill testing codes 96112, 96113 as part of the evaluation/assessment process. The use of these codes, along with the appropriate discipline evaluation code, are clinically appropriate. Aetna Better Health is requiring Prior Authorization for these codes. Per Medicaid/MCO guidelines, authorization is not required for an evaluation. These codes ARE the evaluation (96112 - Developmental and Behavioral Screening and Testing).

A standardized assessment is a critical component of the therapy process and that is exactly what the use of the codes is for - administration of standardized assessments.

Other issues: ? From members and public

Recommendations to MAC